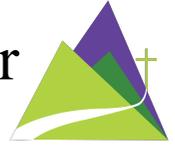




# Mary, Help of Christians Pastoral Center

Helping young people fall in love with Jesus Christ & His Church.



## PARENTAL/GUARDIAN LIABILITY WAIVER AND CONSENT FOR PARTICIPATION AND EMERGENCY MEDICAL TREATMENT

*School should keep a copy and return the original to MHCPC*

**Participant's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Gender:** M / F

**Parent/Guardian Name:** \_\_\_\_\_ **Best contact phone #:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**Dates of Event:** \_\_\_\_\_

I, \_\_\_\_\_, grant permission for the minor named above to participate in this Office of Youth Ministry event. This activity will take place under the guidance & direction of staff and/or volunteers of the Office of Youth Ministry. A brief description of the activity follows:

**Event name:** Camp Magis

**Type of Event:** MHC Activities may or may not include, but are not limited to, prayer, group games, sports, zip-line, climbing tower, swing-by-choice, high-ropes elements, low-ropes initiatives, hiking, biking, swimming, horse-back riding, camping, archery, arts & crafts, canoeing, and other traditional "camp" activities. Acts of service on Eden Farms could include preparing crops for distribution to food pantries and working with barnyard animals.

**Destination of Event:** Mary Help of Christians Pastoral Center, Huttonsville, West Virginia

As a parent and/or legal guardian or as a legal adult, I remain legally responsible for any personal actions taken by the above-named participant. I agree on behalf of myself, my child named herein, or our heirs, and assigns, to hold harmless and defend the Youth & Young Adult Ministry Office, the Catholic Schools Office, its directors and agents, and the Diocese of Wheeling-Charleston, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors, and agents, and the Diocese of Wheeling-Charleston, or representative associated with the event, for reasonable attorney's fees and expenses arising in connection.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PHOTO RELEASE:

I authorize that pictures taken of my child may be used for promotional purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(continued on other side)

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for his/her health. *(Of the following statements pertaining to medical matters, sign only those that are applicable.)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby give permission to transport the above named participant to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name & Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of the Youth Ministry Office, its officers, directors and agents, and the Diocese of Wheeling-Charleston, chaperones, or representatives associated with the activity, that the child named above becomes ill, the parents/guardians will be contacted to discuss further actions to be taken.

**Non-Prescription Medication:** I hereby grant permission for **non-prescription medications** (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**No medication** of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** *Reasonable care will be taken to see that the following information be held in confidence.*

- Allergic reactions (medications, foods\*, plants, insects, etc.): \_\_\_\_\_
- Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_
- Does child have a medically prescribed diet? \_\_\_\_\_
- Any physical limitations? \_\_\_\_\_
- Has child recently been exposed to a contagious disease or condition, such as mumps, measles, chickenpox, etc.? If so, date of disease or condition:  
\_\_\_\_\_  
\_\_\_\_\_
- You should be aware of these special medical conditions of my child: \_\_\_\_\_  
\_\_\_\_\_

\* If you are in need food accommodations, please email [hospitality@mhccenter.org](mailto:hospitality@mhccenter.org) at least 2 weeks prior to your event.